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0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office		
TRANSMITTAL FORM			
<i>(to be used for all correspondence during pendency of filed application)</i>			
	Application Number	N/A	
	Filing Date	N/A	
	First Named Inventor	N/A	
	Examiner		
	Group Art Unit		
Total Number of Pages in This Submission	12	Attorney Docket Number	22271-01000

ENCLOSURES <i>(check all that apply)</i>	
<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent in Patent/Application Nos.
<input type="checkbox"/> Check Enclosed	6,968,557 10/782,529
<input type="checkbox"/> Return Receipt Postcard	09/767,365 09/747,663
<input type="checkbox"/> Response to Notice to File Missing Parts	09/723,753
<input type="checkbox"/> Assignment & Recordation Cover Sheet	09/849,007
<input type="checkbox"/> Declaration	09/687,997
<input type="checkbox"/> Power of Attorney	10/877,362
<input type="checkbox"/> Application Data Sheet	10/882,997
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	10/782,739
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<input type="checkbox"/> Request for Corrected Filing Receipt	_____
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<input type="checkbox"/> Revocation and Substitute Power of Attorney	_____

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Rima Budnitskaya, Reg. No. 48,237	Dated:	December 19, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: <u>Commissioner for Patients</u> at the facsimile number indicated below.			
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Facsimile Number:	(571) 273-8300		

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/782,529
Filing Date	February 18, 2004
First Named Inventor	Abhishek Chauhan
Group Art Unit	2141
Examiner Name	Not yet known
Attorney Docket Number	22271-08772

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. The correspondence address is NOT affected by this withdrawal.
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This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number _____
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Rimma Budnitskaya, Reg. No. 48,237	
Signature		
Date	December 19, 2005	

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.